

Healthy Minds, Healthy Behaviors: Promising Lives Right From the Start

For more information about Starting Early Starting Smart and related SAMHSA-Casey products, go to www.casev.org

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ABOUT STARTING EARLY STARTING SMART

Starting Early Starting Smart (SESS) is a knowledge development initiative designed to

- Create and test a new model for providing integrated behavioral health services (mental health and substance abuse prevention and treatment) for young children (birth to 7 years) and their families; and to
- Inform practitioners and policymakers of successful interventions and promising practices from the multi-year study, which lay a critical foundation for the positive growth and development of very young children.

The SESS approach informs policy-making for:

- Service system redesign
- Service access and utilization strategies
- Strengthening the home environment
- Targeting benefits for children
- Using culture as a resource in planning services with families
- Working with families from a strengths-based perspective

In October 1997, with initial funding of \$30 million, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs embarked on a precedent-setting public/private collaboration. Twelve culturally diverse grantee organizations were selected. Each provides integrated behavioral health services in community-based early childhood settings—such as childcare, Head Start and primary care clinics—where young families customarily receive services for children. Critical to this project is the required collaboration among funders, grantees, consumers, and local site service providers. Implicit in the design of this project is sustainability planning for secured longevity of the programs.

The Study Design

The 12 grantees, working collaboratively, designed a study in which integrated behavioral health services are delivered in typical early childhood settings. Each site has an intervention and comparison group, and each site delivers similar targeted, culturally-relevant, interventions for young children and their families. A collaboratively determined set of outcomes has been established to evaluate project effectiveness:

Access to and use of services;

- Social, emotional, and cognitive outcomes for children;
- Caregiver-child interaction outcomes; and
- Family functioning.

The goal of the SESS research is to provide rigorous scientific evidence concerning whether children and families participating in SESS programs achieve better access to needed services and better social, emotional, cognitive, and behavioral health outcomes than do the children and families not receiving these services. SESS programs may also generate information about opportunities, practices, and barriers to sought-after outcomes. This information is critical to achieving effective public policies.

SESS Extended

It was clear from the early days of SESS that whatever effects were uncovered, longitudinal extension of the study would be valuable. In 2001, SAMHSA and Casey Family Programs embarked upon an extension phase, which will increase understanding of the impact of early intervention as young children enter preschool and school years, when babies or toddlers are asked to meet escalating emotional and cognitive demands. This longitudinal extension can validate early methods and findings and assess their durability. It is anticipated that this work will include additional data points of a refined instrument set and intervention package with the addition of study questions related to cost and value, and other special studies. Future plans include applying and validating early SESS lessons learned, key concepts, components, and principles in new settings that serve families with young children.

Summation

In sum, SESS reflects the growing acknowledgement that the infant and preschool years lay a critical foundation for later growth and development, and that it is important to target positive interventions to very young children. Second, successful interventions for very young children must meet the multiple behavioral health, physical health, and educational needs of families. Third, integrated behavioral health services must be made more accessible to families with multiple needs, which are difficult to meet in a fragmented service system.